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\*\* CONTINUING DATA \*\*\*\*\* NA

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Stephanie R. Smith</u> Initials <u>SRS</u>				

## ADDRESS

27581

## TITLE

Medical device and method of manufacturing

<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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